

AUG 11 1999

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Article Number: P 619 183 532

Mr. Geoff Jones  
Corporate Project Manager  
Safety-Kleen Corporation  
P.O. Box 11393  
Columbia, South Carolina 29211

Dear Mr. Jones:

RE: Safety-Kleen  
Wichita, Kansas  
EPA ID# KSD007246846

The Environmental Protection Agency (EPA) approves your request (letter dated July 30, 1999) for an extension for submittal of revisions to the RFI Workplan. The revised due date is October 1, 1999.

EPA Region VII has moved to a new facility. The new mailing address is:

US Environmental Protection Agency  
Region VII --- ARTD/RCAP  
901 N. 5th Street  
Kansas City, KS 66101

Please send future correspondence to me at the new address. If you have any questions, please call me at (913) 551-7547.

Sincerely,



R00134586

RCRA RECORDS CENTER

William F. Lowe  
RCRA Corrective Action and Permits Branch  
Air, RCRA, and Toxics Division

cc: Ms. Kay Tauscher, Safety-Kleen Inc.  
Christine R. Jump, Kansas Depart. of Health and Environment

ARTD: H:\RCAP BRANCH\LOWE UNIT\LOWE\SKLEEN\SKleen extnsn.899:bfr August 9, 1999

RCAP  
LOWE

RCAP  
PEDICINO



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII  
901 NORTH 5TH STREET  
KANSAS CITY, KANSAS 66101

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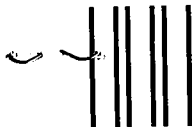
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cc: Ms. Kay Tauscher, Safety-Kleen Inc.  
Ms. Christine R. Jump, Kansas Depart. of Health and Environment

UNITED STATES POSTAL SERVICE



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USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

REC'D  
AUG 20 1999  
RCAP

US Environmental Protection Agency  
Region VII --- ARTD/RCAP  
901 North 5th Street  
Kansas City, KS 66101

Post: Spleen Arteries, 899

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Mr. Geoff Jones  
Corporate Project Manager  
Safety-Kleen Corporation  
P.O. Box 11393  
Columbia, South Carolina 29211

**4a. Article Number**

P 619 183 532

**4b. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Registered                                | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                              | <input type="checkbox"/> Insured              |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

**7. Date of Delivery**

16 AUG 1999

**5. Received By: (Print Name)**

Mike Clough

**6. Signature: (Addressee or Agent)**

X

**8. Addressee's Address (Only if requested and fee is paid)**

P 619 183 532

US Postal Service

## Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

Sent to

Mr. Geoff Jones  
Corporate Project Manager  
Safety-Kleen Corporation  
P.O. Box 11393  
Columbia, South Carolina 29211

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to  
Whom & Date Delivered

Return Receipt Showing to Whom,  
Date, & Addressee's Address

**TOTAL** Postage & Fees

\$

Postmark or Date

PS Form 3800, April 1995